

2

DATE 10-6-2015To the honorable, the City Council of the City of Cambridge
The undersigned respectfully pray

2015 OCT 13 PM 2 03

OFFICE OF THE CITY CLERK
CAMBRIDGE, MASSACHUSETTSName of Petitioner or Business HARVARD SQ Eyecare, located at 198 Elm STREET, CAMBRIDGE
Address MA 02140Be granted permission for a/an () "A" FRAMED SIGN, (☒) SANDWICH BOARD,() DISPLAY OF MERCHANDISE () Temporary Banners Hung Across Public Way
(Abutters approval forms required)

() # of TABLES, for restaurant seating () Y () N, () # of CHAIRS REQUESTING () Y () N

Permit Fee: \$75.00 per year renewable on or before March 31

In front of premises numbered 198 Elm St., Camb., MA 02140
19 Dunster St. Camb., MA, on
Address where sign or seating will be 02138

Check the Days off the week

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Time period : FROM 10 A.M. TO 7 P.M.Petitioner signature Lauren DickermanPrint name here LAUREN DICKERMANTelephone number 617 312 0272Emergency # 617 312-0272Email Address dr@hsg-eyecare.com

PLEASE ATTACH A SKETCH TO YOUR APPLICATION ILLUSTRATING YOUR REQUEST

Petitioner must also provide and have on record a Certificate of Insurance Coverage (naming the City of Cambridge) as the holder. Coverage amount should be in the sum of 1,000,000.00

